(b) The following initiatives would provide incentives for the promotion of ISM and H:

(i) A separate ISM and H Policy 2002 provides an opportunity for proper development of ISM and H sector;

(ii) Medicinal Plants Board has been established to facilitate availability of quality raw drugs for domestic and export products.

(iii) Labeling provisions under the Drugs and Cosmetics rules 1945 have been relaxed to meet the requirements of importing countries for marketing of Ayurvedic/herbal medicines in the importing countries.

(iv) Good Manufacturing Practices have been notified.

(v) Enabling provision has been made to recognise private laboratories.

(vi) Ayurvedic Formulary and Pharmacopoeia have been published.

(vii) Industry has been encouraged to participate in Fairs and Exhibitions abroad.

(viii) A number of other schemes have been implemented to upgrade education, research, quality control and drug standardization.

(c) Ayurvedic Drug Manufacturers Association (ADMA) have requested for VAT @ 4% on the Ayurvedic medicines. Other Associations/companies have also requested for exemption of import duty on equipments for analysis purposes.

(d) No, Sir.

Central Government hospitals breeding secondary infections

2519. SHRI P. PRABHAKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that most of major hospitals in Delhi run by the Central Government breed secondary infections leading to serious health hazards;

(b) if so, the details thereof; and

(c) the corrective steps proposed to be taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (c) The prevalence of hospital infection in Dr. Ram Manohar Lohia Hospital, Safdarjung Hospital and Lady Hardinge Medical College and Associated Hospitals varies from 2—14% depending upon the units and speciality. The infection is mostly due to the emerging drug resistance. AIIMS Hospital has reported that the crude infection at AIIMS varies from 1.93% to 4.81% which is within the acceptable limits and comparable to International standards for a tertiary care super-speciality hospital like AIIMS.

(b) Infection Control Committee/Mechanism is in existence in all these Hospitals to monitor and ensure strict implementation of prevention of hospital-acquired infections.

Population control policy

2520. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have evolved any comprehensive policy to control population in the country;

(b) if so, the details thereof with particular reference to incentives and disincentives;

(c) the amount of money spent during the year 2002-2003 on family planning and the success achieved and the amount allocated for the year 2003-2004 and the targets set out for the year; and

(d) the steps being taken to ensure that family planning efforts do not disturb the desirable gender ratio?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) Yes, Sir. The Government has adopted the National Population Policy (NPP) in February 2000, which envisages a set of National socio-demographic goals including attainment of total fertility rate of 2.1, to be achieved by 2010. The long term goal is to achieve a stable population in the country by